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02/02/2007 HVUDŃG2 000	700.00	. OD		January 29	~ M. M. 2007	(Date)	
01 FC:2501 700.0 APPLICATION NO. FILING DATE		FIRST NAMED INVENTO				CONFIRMATION NO.	
09/096,832	06/12/1998		ERIC A. WACHT		PHO-104	2268	
•	MPROVED METHOD	OS AND APPARATUS I	T		ION OF THERAPEUTIC A		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE				
nonprovisional	YES .	\$700	\$0	\$665 —— \$45	\$700 ustnost dato: 02/02/200	03/01/2007	
EXAMINER		ART UNIT	CLASS-SUBCLAS	CLASS-SUBCLASS Adjustment date: 02/02/2 10/04/2004 WABDELR3 0000 01 FC:2501)13 09096832	
BARRETT, THOMAS C		3738	128-898000			-665.00 OP	
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	lence address (or Char 22) attached. tion (or "Fee Address"	nge of Correspondence	(1) the names of or agents OR, alto (2) the name of a registered attorne	For printing on the patent front page, list 1) the names of up to 3 registered patent attorneys ragents OR, alternatively, 2) the name of a single firm (having as a member a gristered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed. 1 Cook, Alex, McFarron, Manzo, Cummings & Mehler 2 Ltd			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEF (B) RESIDENCE: (CITY and STATE OR COUNTRY) Knoxville, Tennessee							
Please check the appropriate	assignee category or	categories (will not be p	rinted on the patent) :	☐ Individual C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are submitted: Solution Sissue Fee			 Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50/1039 (enclose an extra copy of this form). 				
5. Change in Entity Status a. Applicant claims S	<u>-</u>	☐ b. Applicant is n	o longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).		
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Authorized Signature	MILIM		Date <u>January</u> 29, 7007 Registration No. 34, 225				
Typed or printed name Mark J. Murphy			Registration No. 34,225				
an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	ity is governed by 35 oplication form to the for reducing this burning 22313-1450. DO 1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	1.14. This collection depending upon the chief Information (COMPLETED FORM	is estimated to take 12 individual case. Any conficer, U.S. Patent and AS TO THIS ADDRES	the public which is to file (an minutes to complete, includion omments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	